



OHIO DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Ohio.

Ohio At-a-Glance:

- In 2007-2008, Ohio was one of the top ten states for rates in several drug-use categories, including: past-year non-medical use of pain relievers among young adults age 18 to 25, and illicit drug dependence among young adults age 18 to 25.
Source: National Survey on Drug Use and Health, 2007-2008.
- The number of meth lab seizure incidents in the state of Ohio increased 83%, from 167 incidents in 2007 to 305 incidents in 2009, according to data from the El Paso Intelligence Center's National Seizure System
Source: EPIC-NSS.
- Approximately 8 percent of Ohio residents reported past-month use of illicit drugs; the national average was 8 percent.
- Drug-induced deaths in Ohio exceed the national rate.

Drug Use Trends in Ohio

Drug Use in Ohio: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 7.61 percent of Ohio residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.3 percent of Ohio residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 1,691 persons died in Ohio in 2007. This is compared to the number of persons in Ohio who died from motor vehicle accidents (1,399) and firearms (1,105) in the same year. Ohio drug-induced deaths (14.7 per 100,000 population) exceeded the national rate (12.7 per 100,000).

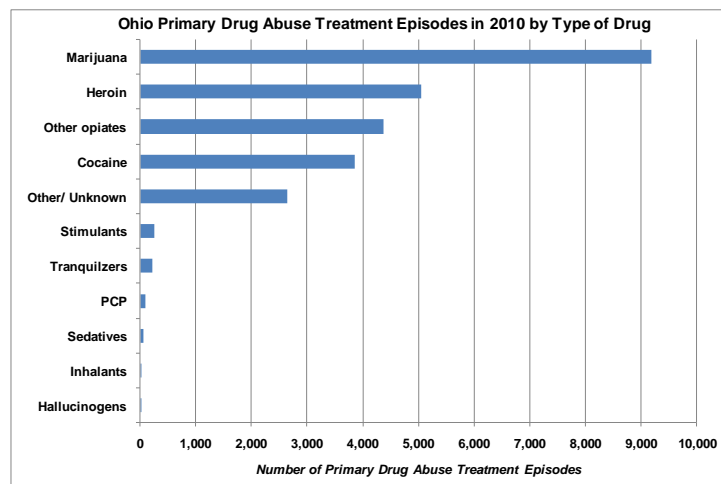
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Ohio Primary Treatment Admissions

The graph at right depicts substance abuse primary treatment admissions in Ohio in 2010. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in Ohio, followed by heroin.

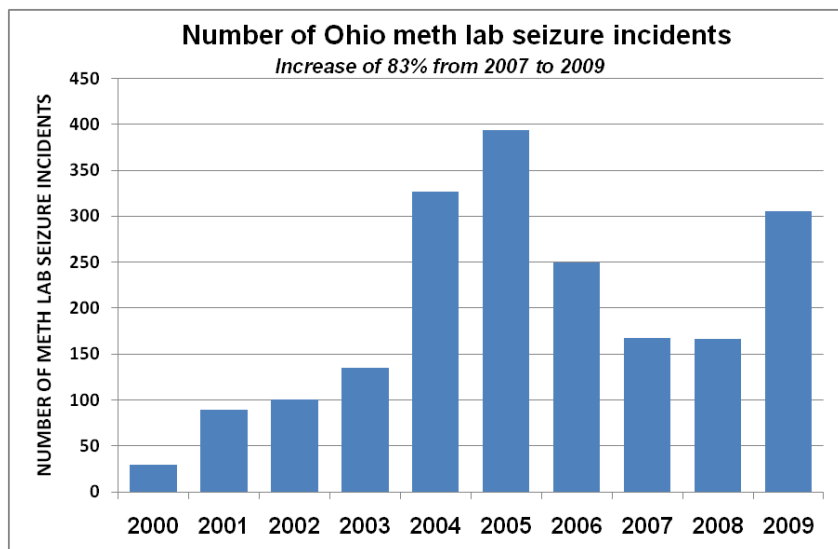
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration : <http://oas.samhsa.gov/dasis.htm>



Methamphetamine Lab Seizure Data

Methamphetamine Seizures: Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. Meth lab seizures in Ohio have mirrored this overall trend, rising 83% from 2007 to 2009.

Source: EPIC, NSS, extracted 11/2010



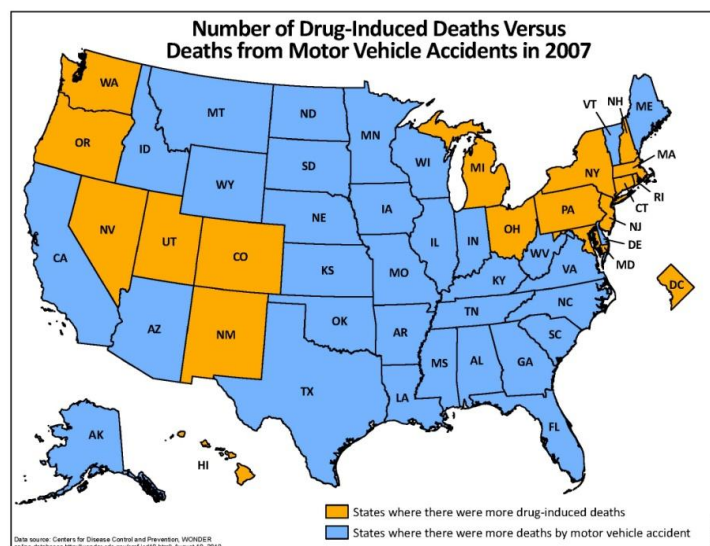
State-Level Action: Return pseudoephedrine to prescription-drug status

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

Prescription Drug Abuse

ONDCP’s Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug

epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

Ohio's operating PDMP, the **Ohio Automated Rx Reporting System**, was established in 2006 as a tool to assist healthcare professionals in providing better treatment for patients with medical needs while quickly identifying drug seeking behaviors. An OARRS Prescription History Report can assist in assuring that a patient is getting the appropriate drug therapy and is taking their medication as prescribed.

Source: <https://www.ohiopmp.gov/Portal/Default.aspx>

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

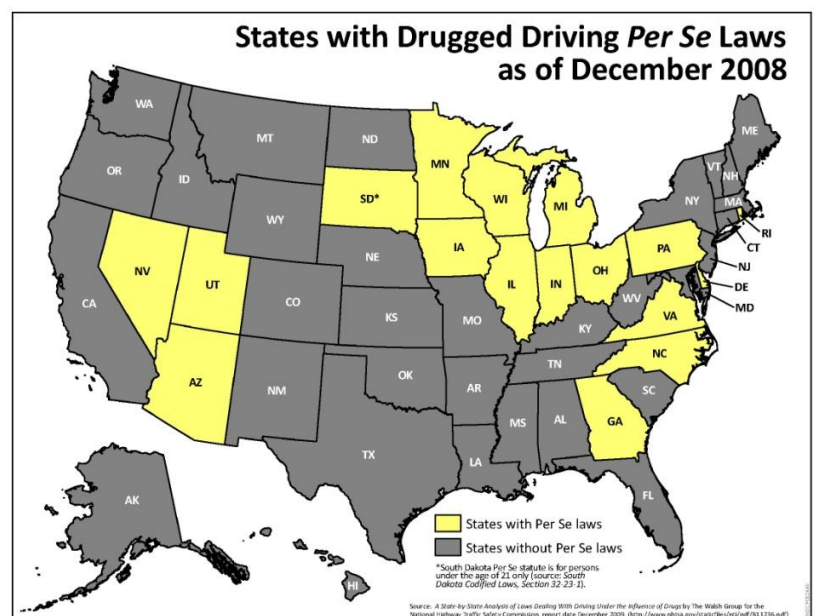
ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to consider *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Ohio currently employs a *Per Se* standard under section 4511.19(A)(1) of the Ohio Revised Code, which prohibits the operation of any vehicle "under the influence of alcohol, a drug of abuse, or a combination of them" as determined by specific concentrations of drugs or metabolites in the blood.



ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Ohio coalitions received grants from ONDCP:

- AWAKE to a Safe and Healthy Community
- Butler County Coalition for Healthy, Safe, and Drug Free Communities
- Champaign County Drug Free Youth Coalition
- Chemical Abuse Prevention Association
- Coalition for a Healthy Middleton
- Coalition for a Safe and Drug-Free Fairfield
- Columbiana County Drug and Alcohol Prevention Coalition
- Community Awareness and Prevention Association (Broadview Heights)
- Community Mental Health and Recovery Board
- Drug Free Delaware Coalition
- Dublin Adolescents and Community Together Coalition
- East Cleveland Bridges of Hope
- Holmes County Prevention Coalition
- LAUNCH, Inc.
- Logan County Drug Free Youth Coalition
- Oregon Community and Family Coalition
- Partners for a Drug-Free Milford Miami Township
- Partnership for a Drug-Free Fulton County
- People of Color Wellness Alliance (POCWA)
- Prevention Partnership (Fremont)
- Sandusky County Prevention Partnership
- Shaker Heights Coalition for the Prevention of Youth Substance Use (Shaker Prevention Coalition)
- Stark County Anti-Drug Coalition c/o ADAS Board of Stark County
- Substance Abuse Initiative of Greater Cleveland
- Substance Awareness Greater Anderson Coalition
- Swanton Area Community Coalition, Inc.
- Sylvania Community Action Team
- The Lorrain County Communities that Care Partnership

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Ohio

Ohio HIDTA: Adams, Cuyahoga, Fairfield, Franklin, Greene, Hamilton, Lucas, Mahoning, Montgomery, Scioto, Stark, Summit, and Warren counties.

- The focus of the Ohio HIDTA is the investigation and dismantlement of drug trafficking organizations. New initiatives include prescription drug interdiction and parcel interdiction.

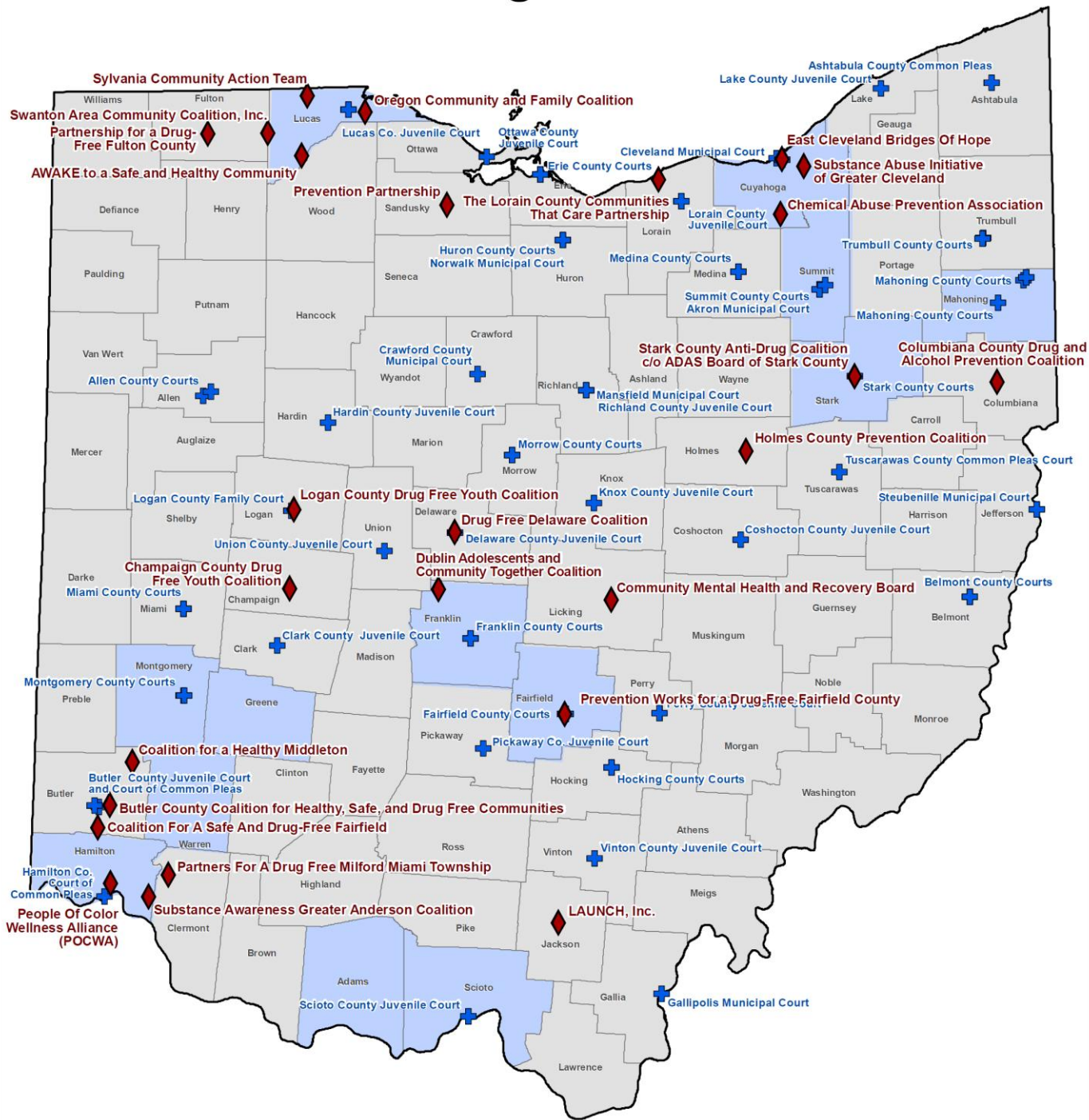
Federal Grant Awards Available to Reduce Drug Use in the State of Ohio


The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		4,417,447
Alcohol Abuse Reduction Grants		669,259
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		185,000
Grants For School-Based Student Drug-Testing Programs		346,141
Safe Schools/Healthy Students Grants		3,217,047
Department of Health and Human Services		
Administration for Children and Families		15,941,990
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		500,000
Mentoring Children of Prisoners		1,900,000
Promoting Safe and Stable Families		13,541,990
Centers for Disease Control and Prevention		370,985
HIV Prevention Activities_Non-Governmental Organization Based		370,985
Health Resources and Services Administration		2,747,840
Healthy Start Initiative		2,747,840
Immediate Office of the Secretary of Health and Human Services		600,000
Family and Community Violence Prevention Program		600,000
National Institutes of Health		24,205,351
Discovery and Applied Research for Technological Innovations to Improve Human Health		9,039,926
Drug Abuse and Addiction Research Programs		15,165,425
Substance Abuse and Mental Health Services Administration		91,801,513
Block Grants for Prevention and Treatment of Substance Abuse		66,891,165
National All Schedules Prescription Electronic Reporting Grant		191,452
Projects for Assistance in Transition from Homelessness (PATH)		2,215,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		19,151,896
Substance Abuse and Mental Health Services-Access to Recovery		3,352,000
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		23,988,091
Shelter Plus Care		23,988,091
Assistant Secretary for Housing--Federal Housing Commissioner		6,296,166
Shelter Plus Care		6,296,166
Department of Justice		
Office of Justice Programs		30,218,111
Community Capacity Development Office		1,097,909
Congressionally Recommended Awards		3,540,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		740,786
Drug Court Discretionary Grant Program		689,613
Edward Byrne Memorial Justice Assistance Grant Program		14,407,248
Enforcing Underage Drinking Laws Program		356,400
Harold Rogers Prescription Drug Monitoring Program		386,973
Juvenile Accountability Block Grants		1,458,900
Juvenile Mentoring Program		2,472,955
National Institute of Justice Research Evaluation and Development Project Grants		591,092
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		28,324
Residential Substance Abuse Treatment for State Prisoners		926,254
Second Chance Act Prisoner Reentry Initiative		3,521,657
Department of Labor		
Employment and Training Administration		500,000
Reintegration of Ex-Offenders		500,000
Executive Office of the President		
Office of National Drug Control Policy		3,563,107
High Intensity Drug Trafficking Area Program		3,563,107
Substance Abuse and Mental Health Services Administration		3,274,641
Drug-Free Communities Support Program Grants		3,274,641
Grand Total		207,925,242

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011

Office of National Drug Control Policy Programs in Ohio with Drug Court Locations



-  Drug Free Communities program grantees
-  Drug Court locations
-  Ohio HIDTA counties
-  County Boundaries

Source: National Drug Court Institute and ONDCP, October 2011.